

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Number of Records Reviewed: Youth 24 Staff 21

| Provider Organization: | Jumoke, Inc | |
|------------------------|-------------|--|
|------------------------|-------------|--|

Licensing Agency: DHS Contracting Agency(s): DHS

Program Administrator: Zachary Dingle Certification # A00020 Exp. Date: 12/31/19

Type of Inspection: Re-licensure

| Site Name | Gender | Age Range | License Capacity | DHR Contract Limit | License#/ Exp. date | Date of site Inspection |
|-------------------------|--------|--------------|---------------------|--------------------------|------------------------|----------------------------|
| Evesham Ave | M | 18-20 | 4 | 4 | 00436 09/30/18 | 9/11 & 9/12/18 |
| 33 rd Street | M | 17-20 | 6 | 6 | 00435 09/30/18 | 9/11 & 9/12/18 |
| Gwynn Ave | M | 16-19 | 5 | 5 | 00437 09/30/18 | 9/11 & 9/12/18 |

Inspection Summary

| Number of Interviews: Youth 5 | Staff 6 | | | | |
|--|----------|--|--|--|--|
| Physical Plant Inspection: Approved | | | | | |
| Current COMAR Violation: Yes No _X_ | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | |
| Violation(s) | Findings | | | | |
| | | | | | |

| Violation(s) | Findings | | | | |
|---|-------------------|------------------|------------------------------|--|--|
| Corrective Action Plan: Yes N | o <u>X</u> | If yes, da | ate of CAP: | | |
| Any Violations During Mid or Re-Lice | ensure Periods: | Yes X | No NA | | |
| If Yes See Report(s) Date(s): 9/28/17 | 7 | | | | |
| Complaint Outcome: Unfounded | | | | | |
| Current Status of License: Relicensed | | | | | |
| Licensing Coordinator: Jennifer A. McCabe | Date: 9/17 | 18 Email: | Jennifer.mccabe@maryland.gov | | |
| Program Manager: Andre' Thomas | Date: 9/18 | Email: | Andre.thomas@maryland.gov | | |